BEST AVAILABLE GÓPY

Application or Docket Number

| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  10080948  |  |   |                |               |                                |                  |   |                    |                        |    |                     |                        |
|---|--|---|----------------|---------------|--------------------------------|------------------|---|--------------------|------------------------|----|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                |               |                                |                  |   | MALL E             | YTITY                  | OR | OTHER<br>SMALL      |                        |
| TC  | TAL CLAIMS   |   | 25             |               |                                |                  |   | RATE               | FEE                    |    | RATE                | FEE                    |
| FO  | R  |   | NUMBER FILED   |               | NUMBI                          | NUMBER EXTRA     |   | BASIC FE           | B 370.00               | OR | BASIC FEE           | 740.00                 |
| то  | TAL CHARGEA  | BLE CLAIMS                                | 35 minus 20= ' |               | *                              | * /5             |   | X\$ 9=             |                        | OR | X\$18=              | 770                    |
| IND   | EPENDENT CL  | AIMS                                      | 2F mir         | nus 3 =       | * /                            | * /              |   | X42=               |                        | OR | X84=                | \$VI                   |
| ΜU  | LTIPLE DEPEN   | DENT CLAIM PF                             | RESENT         | ESENT         |                                |                  |   | . 1 40-            |                        | 1  |                     | D.T                    |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                |               |                                |                  | L | +140=              |                        | OR |                     | Logis                  |
| CLAIMS AS AMENDED - PART II   |  |   |                |               |                                |                  |   | TOTAL              |                        | OR | TOTAL OTHER         | 1094                   |
| (Column 1) (Column 2) (Column 3)  |  |   |                |               |                                |                  |   | SWALL              | ENTITY                 | OR | SMALL               | n n                    |
| AWENDWENTA  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | NUM<br>PREVIO | HEST<br>IBER<br>OUSLY<br>FOR   | PRESENT<br>EXTRA |   | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON   | Total  | *   | Minus          | **            |                                | =                |   | X\$ 9=             |                        | OR | X\$18=              |                        |
| AME   | Independent  | *   | Minus          | ***           |                                | -                |   | X42=               |                        | OR | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                |               |                                |                  |   | +140=.             |                        | OR | +280=               |                        |
|   |  |   |                |               |                                |                  |   | TOTAL              |                        | OR | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                |               |                                |                  |   | DDII. FEL          |                        | 7  | ADDII. 1 ==.        |                        |
| NDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | NUM<br>PREVI  | HEST<br>MBER<br>IOUSLY<br>DFOR | PRESENT<br>EXTRA |   | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| Z   | Total  | *   | Minus          | **            |                                | =                |   | X\$ 9=             |                        | OR | X\$18=              |                        |
| AME   | Independent  | *   | Minus          | ***           |                                | =                |   | X42=               |                        | OR | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                |               |                                |                  |   | +140=              |                        | OR | +280=               |                        |
|   |  |   |                |               |                                |                  | Α | TOTAL<br>DDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST   |  |   |                |               |                                |                  |   |                    |                        | 7  | [ <del></del>       |                        |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                | NUM<br>PREVI  | MBER<br>IOUSLY<br>D FOR        | PRESENT<br>EXTRA |   | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| S Q   | Total  | *   | Minus          | **            |                                | =                |   | X\$ 9=             |                        | OR | X\$18=              |                        |
| ARME  | Independent  | *   | Minus          | ***           |                                |                  |   | X42=               |                        | OR | X84=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                |               |                                |                  |   | +140=              |                        |    | +280=               |                        |
|   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |   |                |               |                                |                  |   |                    |                        | OR | TOTAL               |                        |
|   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Tables Independent) is the highest number of the paid for the paid fo |   |                |               |                                |                  |   |                    | <u> </u>               | OR | ADDIT. FEE          |                        |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                |               |                                |                  |   |                    |                        |    |                     |                        |